

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/529076

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6	/		/			
7		/		/		
8		/		/		
9		/		/		
10		2		/		
11		1		/		
12	/		/			
13	/		/			
14	/		/			
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31		4		/		
32	/		/			
33		/		/		
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35	/		/			
36		/		/		
37		/		/		
38		6		/		
39	/		/			
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41				/		
42				/		
43				/		
44				/		
45				/		
46				/		
47				/		
48				/		
49				/		
50				/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
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97						
98						
99						
100						
TOTAL IND.	1	↓	12	↓		↓
TOTAL DEP.		←	40	←		←
TOTAL CLAIMS			58			